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PTO/SB/05 (12/97)

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| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><br><i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i> | Attorney Docket No.                            | <b>132958XX-B/YOD</b>    | Total Pages | <b>54</b> |
|   | GEMS:0262                                      |                          |             |           |
|   | First Named Inventor or Application Identifier |                          |             |           |
|   | <b>Prathyusha K. Salla</b>                     |                          |             |           |
| Express Mail Label No.  |  | <b>EV 410 034 438 US</b> |             |           |

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| <b>APPLICATION ELEMENTS</b><br>See MPEP chapter 600 concerning utility patent application contents.   | <b>ADDRESS TO:</b> Commissioner for Patents<br>Mail Stop Patent Application, P.O. Box 1450<br>Alexandria, VA 22313-1450   |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form<br><i>(Submit an original, and a duplicate for fee processing)</i><br>2. <input checked="" type="checkbox"/> Specification <span style="float: right;">Total Pages <b>29</b></span><br><i>(preferred arrangement set forth below)</i><br>-Descriptive<br>-Cross References to Related Application<br>-Statement Regarding Fed sponsored R & D<br>-Reference to Microfiche Appendix<br>-Background of the Invention<br>-Brief Summary of the Invention<br>-Brief Description of the Drawings <i>(if filed)</i><br>-Detailed Description<br>-Claim(s)<br>-Abstract of the Disclosure<br>3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) <span style="float: right;">Total Sheets <b>5</b><br/>Total Pages <b>15</b></span><br>4. Oath or Declaration<br>a. <input checked="" type="checkbox"/> Newly executed (original or copy)<br>b. <input type="checkbox"/> Copy from a prior application (37CFR 1.63(d))<br><i>(for continuation/divisional with Box 17 completed)</i><br><i>[Note Box 5 below]</i><br>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).<br>5. <input type="checkbox"/> Incorporation By Reference <i>(useable if Box 4b is checked)</i><br>The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. | 6. <input type="checkbox"/> Microfiche Computer Program <i>(Appendix)</i><br>7. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i><br>a. <input type="checkbox"/> Computer Readable Copy<br>b. <input type="checkbox"/> Paper Copy (identical to computer copy)<br>c. <input type="checkbox"/> Statement verifying identity of above copies<br><div style="text-align: right; padding-right: 10px;">           19587 U.S. PTO<br/>           10/723716         </div> <b>ACCOMPANYING APPLICATION PARTS</b><br>8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))<br>9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney<br><i>(where there is an assignee)</i><br>10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i><br>11. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS<br>Statement (IDS)/PTO-1449 Citations<br>12. <input type="checkbox"/> Preliminary Amendment<br>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br>14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application<br>Statement(s) Status still proper and desired<br>15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br><i>(if foreign priority is claimed)</i><br>16. <input type="checkbox"/> Other |
| 17. <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____ / _____  |   |

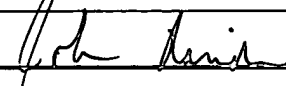
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|--------------------------------|-----------------------------|-------------------------------|
| FEE TRANSMITTAL                | Complete if Known           |                               |
|                                | <b>Application Number</b>   | unassigned                    |
|                                | <b>Filing Date</b>          | herewith                      |
|                                | <b>First Named Inventor</b> | Prathyusha K. Salla           |
|                                | <b>Group Art Unit</b>       | unknown                       |
|                                | <b>Examiner Name</b>        | unknown                       |
| <b>TOTAL AMOUNT OF PAYMENT</b> |                             | <b>Attorney Docket Number</b> |
| (\$ ) 1,772.00                 |                             | 132958XX-B/YOD (GEMS:0262)    |

| <p><b>METHOD OF PAYMENT (check one)</b></p> <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number <u>07-0845/132958XX-B/YOD (GEMS:0262)</u></p> <p>Deposit Account Name <u>GE Medical Systems</u></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17      <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance, 37 CFR 1.31(b)</p> <p>2. <input type="checkbox"/> Payment Enclosed:<br/> <input type="checkbox"/> Check    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other</p> <p style="text-align: center;"><b>FEE CALCULATION (fees effective 10/01/96)</b></p> <p><b>1. FILING FEE</b></p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>740</td> <td>2001</td> <td>375</td> <td>Utility filing fee</td> <td><u>770.00</u></td> </tr> <tr> <td>1002</td> <td>330</td> <td>2002</td> <td>165</td> <td>Design filing fee</td> <td>—</td> </tr> <tr> <td>1003</td> <td>520</td> <td>2003</td> <td>260</td> <td>Plant filing fee</td> <td>—</td> </tr> <tr> <td>1004</td> <td>750</td> <td>2004</td> <td>375</td> <td>Reissue filing fee</td> <td>—</td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> <td>Provisional filing fee</td> <td>—</td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td><b>(\$ ) 770.00</b></td> </tr> </tbody> </table> <p><b>2. CLAIMS</b></p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th>Extra</th> <th>Fee from below</th> <th></th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td><u>40</u> - 20 =</td> <td><u>20</u></td> <td>X 18</td> <td>=</td> <td><u>360.00</u></td> </tr> <tr> <td>Independent Claims</td> <td><u>10</u> - 3 =</td> <td><u>7</u></td> <td>X 86</td> <td>=</td> <td><u>602.00</u></td> </tr> <tr> <td>Multiple Dependent Claims</td> <td>—</td> <td>—</td> <td>X —</td> <td>=</td> <td>—</td> </tr> </tbody> </table> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> <td>—</td> </tr> <tr> <td>1201</td> <td>84</td> <td>2201</td> <td>42</td> <td>Independent claims in excess of 3</td> <td>—</td> </tr> <tr> <td>1203</td> <td>280</td> <td>2203</td> <td>140</td> <td>Multiple dependent claim</td> <td>—</td> </tr> <tr> <td>1204</td> <td>84</td> <td>2204</td> <td>42</td> <td>Reissue independent claims over original patent</td> <td>—</td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>Reissue claims in excess of 20 and over original patent</td> <td>—</td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td><b>(\$ ) 962.00</b></td> </tr> </tbody> </table> | Large Entity     |                | Small Entity    |  | Fee Description     | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1001 | 740 | 2001 | 375 | Utility filing fee | <u>770.00</u> | 1002 | 330 | 2002 | 165 | Design filing fee | — | 1003 | 520 | 2003 | 260 | Plant filing fee | — | 1004 | 750 | 2004 | 375 | Reissue filing fee | — | 1005 | 160 | 2005 | 80 | Provisional filing fee | — | <b>SUBTOTAL (1)</b> |  |  |  |  | <b>(\$ ) 770.00</b> |  |  | Extra | Fee from below |  | Fee Paid | Total Claims | <u>40</u> - 20 = | <u>20</u> | X 18 | = | <u>360.00</u> | Independent Claims | <u>10</u> - 3 = | <u>7</u> | X 86 | = | <u>602.00</u> | Multiple Dependent Claims | — | — | X — | = | — | Large Entity |  | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1202 | 18 | 2202 | 9 | Claims in excess of 20 | — | 1201 | 84 | 2201 | 42 | Independent claims in excess of 3 | — | 1203 | 280 | 2203 | 140 | Multiple dependent claim | — | 1204 | 84 | 2204 | 42 | Reissue independent claims over original patent | — | 1205 | 18 | 2205 | 9 | Reissue claims in excess of 20 and over original patent | — | <b>SUBTOTAL (2)</b> |  |  |  |  | <b>(\$ ) 962.00</b> | <p><b>3. ADDITIONAL FEES</b></p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td>—</td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25</td> <td>Surcharge - late provisional filing or cover sheet.</td> <td>—</td> </tr> <tr> <td>139</td> <td>130</td> <td>139</td> <td>130</td> <td>Non-English specification</td> <td>—</td> </tr> <tr> <td>147</td> <td>2,520</td> <td>147</td> <td>2,520</td> <td>For filing a request for reexamination</td> <td>—</td> </tr> <tr> <td>112</td> <td>920</td> <td>112</td> <td>920</td> <td>Requesting publication of SIR prior to Examiner action</td> <td>—</td> </tr> <tr> <td>113</td> <td>1,840</td> <td>113</td> <td>1,840</td> <td>Requesting publication of SIR after Examiner action</td> <td>—</td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> <td>55</td> <td>Extension for response within first month</td> <td>—</td> </tr> <tr> <td>116</td> <td>400</td> <td>216</td> <td>200</td> <td>Extension for response within second month</td> <td>—</td> </tr> <tr> <td>117</td> <td>950</td> <td>217</td> <td>475</td> <td>Extension for response within third month</td> <td>—</td> </tr> <tr> <td>118</td> <td>1,570</td> <td>218</td> <td>755</td> <td>Extension for response within fourth month</td> <td>—</td> </tr> <tr> <td>119</td> <td>310</td> <td>219</td> <td>155</td> <td>Notice of Appeal</td> <td>—</td> </tr> <tr> <td>120</td> <td>310</td> <td>220</td> <td>155</td> <td>Filing a brief in support of an appeal</td> <td>—</td> </tr> <tr> <td>121</td> <td>270</td> <td>221</td> <td>135</td> <td>Request for oral hearing</td> <td>—</td> </tr> <tr> <td>138</td> <td>1,510</td> <td>138</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td>—</td> </tr> <tr> <td>140</td> <td>110</td> <td>240</td> <td>55</td> <td>Petition to revive unavoidably abandoned application</td> <td>—</td> </tr> <tr> <td>141</td> <td>1,320</td> <td>241</td> <td>660</td> <td>Petition to revive unintentionally abandoned application</td> <td>—</td> </tr> <tr> <td>142</td> <td>1,320</td> <td>242</td> <td>660</td> <td>Utility issue fee (or reissue)</td> <td>—</td> </tr> <tr> <td>143</td> <td>450</td> <td>243</td> <td>225</td> <td>Design issue fee</td> <td>—</td> </tr> <tr> <td>144</td> <td>670</td> <td>244</td> <td>335</td> <td>Plant issue fee</td> <td>—</td> </tr> <tr> <td>122</td> <td>130</td> <td>122</td> <td>130</td> <td>Petitions to the Commissioner</td> <td>—</td> </tr> <tr> <td>123</td> <td>50</td> <td>123</td> <td>50</td> <td>Petitions related to provisional applications</td> <td>—</td> </tr> <tr> <td>126</td> <td>240</td> <td>126</td> <td>240</td> <td>Submission of Information Disclosure Stmt</td> <td>—</td> </tr> <tr> <td>581</td> <td>40</td> <td>581</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td><u>40.00</u></td> </tr> <tr> <td>146</td> <td>790</td> <td>246</td> <td>395</td> <td>Filing a submission after final rejection (37 CFR 1.129(a))</td> <td>—</td> </tr> <tr> <td>149</td> <td>790</td> <td>249</td> <td>395</td> <td>For each additional invention to be examined (37 CFR 1.129(b))</td> <td>—</td> </tr> <tr> <td colspan="5">Other fee (specify) _____</td> <td>—</td> </tr> <tr> <td colspan="5">Other fee (specify) _____</td> <td>—</td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (3)</b></td> <td><b>(\$ ) 40.00</b></td> </tr> </tbody> </table> <p>* Reduced by Basic Filing Fee Paid</p> | Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid | 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath | — | 127 | 50 | 227 | 25 | Surcharge - late provisional filing or cover sheet. | — | 139 | 130 | 139 | 130 | Non-English specification | — | 147 | 2,520 | 147 | 2,520 | For filing a request for reexamination | — | 112 | 920 | 112 | 920 | Requesting publication of SIR prior to Examiner action | — | 113 | 1,840 | 113 | 1,840 | Requesting publication of SIR after Examiner action | — | 115 | 110 | 215 | 55 | Extension for response within first month | — | 116 | 400 | 216 | 200 | Extension for response within second month | — | 117 | 950 | 217 | 475 | Extension for response within third month | — | 118 | 1,570 | 218 | 755 | Extension for response within fourth month | — | 119 | 310 | 219 | 155 | Notice of Appeal | — | 120 | 310 | 220 | 155 | Filing a brief in support of an appeal | — | 121 | 270 | 221 | 135 | Request for oral hearing | — | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding | — | 140 | 110 | 240 | 55 | Petition to revive unavoidably abandoned application | — | 141 | 1,320 | 241 | 660 | Petition to revive unintentionally abandoned application | — | 142 | 1,320 | 242 | 660 | Utility issue fee (or reissue) | — | 143 | 450 | 243 | 225 | Design issue fee | — | 144 | 670 | 244 | 335 | Plant issue fee | — | 122 | 130 | 122 | 130 | Petitions to the Commissioner | — | 123 | 50 | 123 | 50 | Petitions related to provisional applications | — | 126 | 240 | 126 | 240 | Submission of Information Disclosure Stmt | — | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | <u>40.00</u> | 146 | 790 | 246 | 395 | Filing a submission after final rejection (37 CFR 1.129(a)) | — | 149 | 790 | 249 | 395 | For each additional invention to be examined (37 CFR 1.129(b)) | — | Other fee (specify) _____ |  |  |  |  | — | Other fee (specify) _____ |  |  |  |  | — | <b>SUBTOTAL (3)</b> |  |  |  |  | <b>(\$ ) 40.00</b> |
|---|------------------|----------------|-----------------|--|---------------------|----------|----------|----------|----------|----------|------|-----|------|-----|--------------------|---------------|------|-----|------|-----|-------------------|---|------|-----|------|-----|------------------|---|------|-----|------|-----|--------------------|---|------|-----|------|----|------------------------|---|---------------------|--|--|--|--|---------------------|--|--|-------|----------------|--|----------|--------------|------------------|-----------|------|---|---------------|--------------------|-----------------|----------|------|---|---------------|---------------------------|---|---|-----|---|---|--------------|--|--------------|--|-----------------|----------|----------|----------|----------|----------|------|----|------|---|------------------------|---|------|----|------|----|-----------------------------------|---|------|-----|------|-----|--------------------------|---|------|----|------|----|---|---|------|----|------|---|---|---|---------------------|--|--|--|--|---------------------|---|----------------|-----------------|----------------|-----------------|-----------------|----------|-----|-----|-----|----|-------------------------------------|---|-----|----|-----|----|---|---|-----|-----|-----|-----|---------------------------|---|-----|-------|-----|-------|--|---|-----|-----|-----|-----|--|---|-----|-------|-----|-------|---|---|-----|-----|-----|----|---|---|-----|-----|-----|-----|--|---|-----|-----|-----|-----|---|---|-----|-------|-----|-----|--|---|-----|-----|-----|-----|------------------|---|-----|-----|-----|-----|--|---|-----|-----|-----|-----|--------------------------|---|-----|-------|-----|-------|---|---|-----|-----|-----|----|--|---|-----|-------|-----|-----|--|---|-----|-------|-----|-----|--------------------------------|---|-----|-----|-----|-----|------------------|---|-----|-----|-----|-----|-----------------|---|-----|-----|-----|-----|-------------------------------|---|-----|----|-----|----|---|---|-----|-----|-----|-----|---|---|-----|----|-----|----|--|--------------|-----|-----|-----|-----|---|---|-----|-----|-----|-----|--|---|---------------------------|--|--|--|--|---|---------------------------|--|--|--|--|---|---------------------|--|--|--|--|--------------------|
| Large Entity  |                  | Small Entity   |                 | Fee Description  |                     |          | Fee Paid |          |          |          |      |     |      |     |                    |               |      |     |      |     |                   |   |      |     |      |     |                  |   |      |     |      |     |                    |   |      |     |      |    |                        |   |                     |  |  |  |  |                     |  |  |       |                |  |          |              |                  |           |      |   |               |                    |                 |          |      |   |               |                           |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |   |      |    |      |    |                                   |   |      |     |      |     |                          |   |      |    |      |    |   |   |      |    |      |   |   |   |                     |  |  |  |  |                     |   |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |  |   |                           |  |  |  |  |   |                     |  |  |  |  |                    |
| Fee Code  | Fee (\$)         | Fee Code       | Fee (\$)        |  |                     |          |          |          |          |          |      |     |      |     |                    |               |      |     |      |     |                   |   |      |     |      |     |                  |   |      |     |      |     |                    |   |      |     |      |    |                        |   |                     |  |  |  |  |                     |  |  |       |                |  |          |              |                  |           |      |   |               |                    |                 |          |      |   |               |                           |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |   |      |    |      |    |                                   |   |      |     |      |     |                          |   |      |    |      |    |   |   |      |    |      |   |   |   |                     |  |  |  |  |                     |   |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |  |   |                           |  |  |  |  |   |                     |  |  |  |  |                    |
| 1001  | 740              | 2001           | 375             | Utility filing fee   | <u>770.00</u>       |          |          |          |          |          |      |     |      |     |                    |               |      |     |      |     |                   |   |      |     |      |     |                  |   |      |     |      |     |                    |   |      |     |      |    |                        |   |                     |  |  |  |  |                     |  |  |       |                |  |          |              |                  |           |      |   |               |                    |                 |          |      |   |               |                           |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |   |      |    |      |    |                                   |   |      |     |      |     |                          |   |      |    |      |    |   |   |      |    |      |   |   |   |                     |  |  |  |  |                     |   |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |  |   |                           |  |  |  |  |   |                     |  |  |  |  |                    |
| 1002  | 330              | 2002           | 165             | Design filing fee  | —                   |          |          |          |          |          |      |     |      |     |                    |               |      |     |      |     |                   |   |      |     |      |     |                  |   |      |     |      |     |                    |   |      |     |      |    |                        |   |                     |  |  |  |  |                     |  |  |       |                |  |          |              |                  |           |      |   |               |                    |                 |          |      |   |               |                           |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |   |      |    |      |    |                                   |   |      |     |      |     |                          |   |      |    |      |    |   |   |      |    |      |   |   |   |                     |  |  |  |  |                     |   |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |  |   |                           |  |  |  |  |   |                     |  |  |  |  |                    |
| 1003  | 520              | 2003           | 260             | Plant filing fee   | —                   |          |          |          |          |          |      |     |      |     |                    |               |      |     |      |     |                   |   |      |     |      |     |                  |   |      |     |      |     |                    |   |      |     |      |    |                        |   |                     |  |  |  |  |                     |  |  |       |                |  |          |              |                  |           |      |   |               |                    |                 |          |      |   |               |                           |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |   |      |    |      |    |                                   |   |      |     |      |     |                          |   |      |    |      |    |   |   |      |    |      |   |   |   |                     |  |  |  |  |                     |   |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |  |   |                           |  |  |  |  |   |                     |  |  |  |  |                    |
| 1004  | 750              | 2004           | 375             | Reissue filing fee   | —                   |          |          |          |          |          |      |     |      |     |                    |               |      |     |      |     |                   |   |      |     |      |     |                  |   |      |     |      |     |                    |   |      |     |      |    |                        |   |                     |  |  |  |  |                     |  |  |       |                |  |          |              |                  |           |      |   |               |                    |                 |          |      |   |               |                           |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |   |      |    |      |    |                                   |   |      |     |      |     |                          |   |      |    |      |    |   |   |      |    |      |   |   |   |                     |  |  |  |  |                     |   |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |  |   |                           |  |  |  |  |   |                     |  |  |  |  |                    |
| 1005  | 160              | 2005           | 80              | Provisional filing fee   | —                   |          |          |          |          |          |      |     |      |     |                    |               |      |     |      |     |                   |   |      |     |      |     |                  |   |      |     |      |     |                    |   |      |     |      |    |                        |   |                     |  |  |  |  |                     |  |  |       |                |  |          |              |                  |           |      |   |               |                    |                 |          |      |   |               |                           |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |   |      |    |      |    |                                   |   |      |     |      |     |                          |   |      |    |      |    |   |   |      |    |      |   |   |   |                     |  |  |  |  |                     |   |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |  |   |                           |  |  |  |  |   |                     |  |  |  |  |                    |
| <b>SUBTOTAL (1)</b>   |                  |                |                 |  | <b>(\$ ) 770.00</b> |          |          |          |          |          |      |     |      |     |                    |               |      |     |      |     |                   |   |      |     |      |     |                  |   |      |     |      |     |                    |   |      |     |      |    |                        |   |                     |  |  |  |  |                     |  |  |       |                |  |          |              |                  |           |      |   |               |                    |                 |          |      |   |               |                           |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |   |      |    |      |    |                                   |   |      |     |      |     |                          |   |      |    |      |    |   |   |      |    |      |   |   |   |                     |  |  |  |  |                     |   |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |  |   |                           |  |  |  |  |   |                     |  |  |  |  |                    |
|   |                  | Extra          | Fee from below  |  | Fee Paid            |          |          |          |          |          |      |     |      |     |                    |               |      |     |      |     |                   |   |      |     |      |     |                  |   |      |     |      |     |                    |   |      |     |      |    |                        |   |                     |  |  |  |  |                     |  |  |       |                |  |          |              |                  |           |      |   |               |                    |                 |          |      |   |               |                           |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |   |      |    |      |    |                                   |   |      |     |      |     |                          |   |      |    |      |    |   |   |      |    |      |   |   |   |                     |  |  |  |  |                     |   |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |  |   |                           |  |  |  |  |   |                     |  |  |  |  |                    |
| Total Claims  | <u>40</u> - 20 = | <u>20</u>      | X 18            | =  | <u>360.00</u>       |          |          |          |          |          |      |     |      |     |                    |               |      |     |      |     |                   |   |      |     |      |     |                  |   |      |     |      |     |                    |   |      |     |      |    |                        |   |                     |  |  |  |  |                     |  |  |       |                |  |          |              |                  |           |      |   |               |                    |                 |          |      |   |               |                           |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |   |      |    |      |    |                                   |   |      |     |      |     |                          |   |      |    |      |    |   |   |      |    |      |   |   |   |                     |  |  |  |  |                     |   |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |  |   |                           |  |  |  |  |   |                     |  |  |  |  |                    |
| Independent Claims  | <u>10</u> - 3 =  | <u>7</u>       | X 86            | =  | <u>602.00</u>       |          |          |          |          |          |      |     |      |     |                    |               |      |     |      |     |                   |   |      |     |      |     |                  |   |      |     |      |     |                    |   |      |     |      |    |                        |   |                     |  |  |  |  |                     |  |  |       |                |  |          |              |                  |           |      |   |               |                    |                 |          |      |   |               |                           |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |   |      |    |      |    |                                   |   |      |     |      |     |                          |   |      |    |      |    |   |   |      |    |      |   |   |   |                     |  |  |  |  |                     |   |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |  |   |                           |  |  |  |  |   |                     |  |  |  |  |                    |
| Multiple Dependent Claims   | —                | —              | X —             | =  | —                   |          |          |          |          |          |      |     |      |     |                    |               |      |     |      |     |                   |   |      |     |      |     |                  |   |      |     |      |     |                    |   |      |     |      |    |                        |   |                     |  |  |  |  |                     |  |  |       |                |  |          |              |                  |           |      |   |               |                    |                 |          |      |   |               |                           |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |   |      |    |      |    |                                   |   |      |     |      |     |                          |   |      |    |      |    |   |   |      |    |      |   |   |   |                     |  |  |  |  |                     |   |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |  |   |                           |  |  |  |  |   |                     |  |  |  |  |                    |
| Large Entity  |                  | Small Entity   |                 | Fee Description  | Fee Paid            |          |          |          |          |          |      |     |      |     |                    |               |      |     |      |     |                   |   |      |     |      |     |                  |   |      |     |      |     |                    |   |      |     |      |    |                        |   |                     |  |  |  |  |                     |  |  |       |                |  |          |              |                  |           |      |   |               |                    |                 |          |      |   |               |                           |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |   |      |    |      |    |                                   |   |      |     |      |     |                          |   |      |    |      |    |   |   |      |    |      |   |   |   |                     |  |  |  |  |                     |   |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |  |   |                           |  |  |  |  |   |                     |  |  |  |  |                    |
| Fee Code  | Fee (\$)         | Fee Code       | Fee (\$)        |  |                     |          |          |          |          |          |      |     |      |     |                    |               |      |     |      |     |                   |   |      |     |      |     |                  |   |      |     |      |     |                    |   |      |     |      |    |                        |   |                     |  |  |  |  |                     |  |  |       |                |  |          |              |                  |           |      |   |               |                    |                 |          |      |   |               |                           |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |   |      |    |      |    |                                   |   |      |     |      |     |                          |   |      |    |      |    |   |   |      |    |      |   |   |   |                     |  |  |  |  |                     |   |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |  |   |                           |  |  |  |  |   |                     |  |  |  |  |                    |
| 1202  | 18               | 2202           | 9               | Claims in excess of 20   | —                   |          |          |          |          |          |      |     |      |     |                    |               |      |     |      |     |                   |   |      |     |      |     |                  |   |      |     |      |     |                    |   |      |     |      |    |                        |   |                     |  |  |  |  |                     |  |  |       |                |  |          |              |                  |           |      |   |               |                    |                 |          |      |   |               |                           |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |   |      |    |      |    |                                   |   |      |     |      |     |                          |   |      |    |      |    |   |   |      |    |      |   |   |   |                     |  |  |  |  |                     |   |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |  |   |                           |  |  |  |  |   |                     |  |  |  |  |                    |
| 1201  | 84               | 2201           | 42              | Independent claims in excess of 3  | —                   |          |          |          |          |          |      |     |      |     |                    |               |      |     |      |     |                   |   |      |     |      |     |                  |   |      |     |      |     |                    |   |      |     |      |    |                        |   |                     |  |  |  |  |                     |  |  |       |                |  |          |              |                  |           |      |   |               |                    |                 |          |      |   |               |                           |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |   |      |    |      |    |                                   |   |      |     |      |     |                          |   |      |    |      |    |   |   |      |    |      |   |   |   |                     |  |  |  |  |                     |   |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |  |   |                           |  |  |  |  |   |                     |  |  |  |  |                    |
| 1203  | 280              | 2203           | 140             | Multiple dependent claim   | —                   |          |          |          |          |          |      |     |      |     |                    |               |      |     |      |     |                   |   |      |     |      |     |                  |   |      |     |      |     |                    |   |      |     |      |    |                        |   |                     |  |  |  |  |                     |  |  |       |                |  |          |              |                  |           |      |   |               |                    |                 |          |      |   |               |                           |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |   |      |    |      |    |                                   |   |      |     |      |     |                          |   |      |    |      |    |   |   |      |    |      |   |   |   |                     |  |  |  |  |                     |   |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |  |   |                           |  |  |  |  |   |                     |  |  |  |  |                    |
| 1204  | 84               | 2204           | 42              | Reissue independent claims over original patent                            | —                   |          |          |          |          |          |      |     |      |     |                    |               |      |     |      |     |                   |   |      |     |      |     |                  |   |      |     |      |     |                    |   |      |     |      |    |                        |   |                     |  |  |  |  |                     |  |  |       |                |  |          |              |                  |           |      |   |               |                    |                 |          |      |   |               |                           |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |   |      |    |      |    |                                   |   |      |     |      |     |                          |   |      |    |      |    |   |   |      |    |      |   |   |   |                     |  |  |  |  |                     |   |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |  |   |                           |  |  |  |  |   |                     |  |  |  |  |                    |
| 1205  | 18               | 2205           | 9               | Reissue claims in excess of 20 and over original patent                    | —                   |          |          |          |          |          |      |     |      |     |                    |               |      |     |      |     |                   |   |      |     |      |     |                  |   |      |     |      |     |                    |   |      |     |      |    |                        |   |                     |  |  |  |  |                     |  |  |       |                |  |          |              |                  |           |      |   |               |                    |                 |          |      |   |               |                           |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |   |      |    |      |    |                                   |   |      |     |      |     |                          |   |      |    |      |    |   |   |      |    |      |   |   |   |                     |  |  |  |  |                     |   |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |  |   |                           |  |  |  |  |   |                     |  |  |  |  |                    |
| <b>SUBTOTAL (2)</b>   |                  |                |                 |  | <b>(\$ ) 962.00</b> |          |          |          |          |          |      |     |      |     |                    |               |      |     |      |     |                   |   |      |     |      |     |                  |   |      |     |      |     |                    |   |      |     |      |    |                        |   |                     |  |  |  |  |                     |  |  |       |                |  |          |              |                  |           |      |   |               |                    |                 |          |      |   |               |                           |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |   |      |    |      |    |                                   |   |      |     |      |     |                          |   |      |    |      |    |   |   |      |    |      |   |   |   |                     |  |  |  |  |                     |   |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |  |   |                           |  |  |  |  |   |                     |  |  |  |  |                    |
| Large Fee Code  | Entity Fee (\$)  | Small Fee Code | Entity Fee (\$) | Fee Description  | Fee Paid            |          |          |          |          |          |      |     |      |     |                    |               |      |     |      |     |                   |   |      |     |      |     |                  |   |      |     |      |     |                    |   |      |     |      |    |                        |   |                     |  |  |  |  |                     |  |  |       |                |  |          |              |                  |           |      |   |               |                    |                 |          |      |   |               |                           |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |   |      |    |      |    |                                   |   |      |     |      |     |                          |   |      |    |      |    |   |   |      |    |      |   |   |   |                     |  |  |  |  |                     |   |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |  |   |                           |  |  |  |  |   |                     |  |  |  |  |                    |
| 105   | 130              | 205            | 65              | Surcharge - late filing fee or oath  | —                   |          |          |          |          |          |      |     |      |     |                    |               |      |     |      |     |                   |   |      |     |      |     |                  |   |      |     |      |     |                    |   |      |     |      |    |                        |   |                     |  |  |  |  |                     |  |  |       |                |  |          |              |                  |           |      |   |               |                    |                 |          |      |   |               |                           |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |   |      |    |      |    |                                   |   |      |     |      |     |                          |   |      |    |      |    |   |   |      |    |      |   |   |   |                     |  |  |  |  |                     |   |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |  |   |                           |  |  |  |  |   |                     |  |  |  |  |                    |
| 127   | 50               | 227            | 25              | Surcharge - late provisional filing or cover sheet.                        | —                   |          |          |          |          |          |      |     |      |     |                    |               |      |     |      |     |                   |   |      |     |      |     |                  |   |      |     |      |     |                    |   |      |     |      |    |                        |   |                     |  |  |  |  |                     |  |  |       |                |  |          |              |                  |           |      |   |               |                    |                 |          |      |   |               |                           |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |   |      |    |      |    |                                   |   |      |     |      |     |                          |   |      |    |      |    |   |   |      |    |      |   |   |   |                     |  |  |  |  |                     |   |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |  |   |                           |  |  |  |  |   |                     |  |  |  |  |                    |
| 139   | 130              | 139            | 130             | Non-English specification  | —                   |          |          |          |          |          |      |     |      |     |                    |               |      |     |      |     |                   |   |      |     |      |     |                  |   |      |     |      |     |                    |   |      |     |      |    |                        |   |                     |  |  |  |  |                     |  |  |       |                |  |          |              |                  |           |      |   |               |                    |                 |          |      |   |               |                           |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |   |      |    |      |    |                                   |   |      |     |      |     |                          |   |      |    |      |    |   |   |      |    |      |   |   |   |                     |  |  |  |  |                     |   |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |  |   |                           |  |  |  |  |   |                     |  |  |  |  |                    |
| 147   | 2,520            | 147            | 2,520           | For filing a request for reexamination                                     | —                   |          |          |          |          |          |      |     |      |     |                    |               |      |     |      |     |                   |   |      |     |      |     |                  |   |      |     |      |     |                    |   |      |     |      |    |                        |   |                     |  |  |  |  |                     |  |  |       |                |  |          |              |                  |           |      |   |               |                    |                 |          |      |   |               |                           |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |   |      |    |      |    |                                   |   |      |     |      |     |                          |   |      |    |      |    |   |   |      |    |      |   |   |   |                     |  |  |  |  |                     |   |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |  |   |                           |  |  |  |  |   |                     |  |  |  |  |                    |
| 112   | 920              | 112            | 920             | Requesting publication of SIR prior to Examiner action                     | —                   |          |          |          |          |          |      |     |      |     |                    |               |      |     |      |     |                   |   |      |     |      |     |                  |   |      |     |      |     |                    |   |      |     |      |    |                        |   |                     |  |  |  |  |                     |  |  |       |                |  |          |              |                  |           |      |   |               |                    |                 |          |      |   |               |                           |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |   |      |    |      |    |                                   |   |      |     |      |     |                          |   |      |    |      |    |   |   |      |    |      |   |   |   |                     |  |  |  |  |                     |   |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |  |   |                           |  |  |  |  |   |                     |  |  |  |  |                    |
| 113   | 1,840            | 113            | 1,840           | Requesting publication of SIR after Examiner action                        | —                   |          |          |          |          |          |      |     |      |     |                    |               |      |     |      |     |                   |   |      |     |      |     |                  |   |      |     |      |     |                    |   |      |     |      |    |                        |   |                     |  |  |  |  |                     |  |  |       |                |  |          |              |                  |           |      |   |               |                    |                 |          |      |   |               |                           |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |   |      |    |      |    |                                   |   |      |     |      |     |                          |   |      |    |      |    |   |   |      |    |      |   |   |   |                     |  |  |  |  |                     |   |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |  |   |                           |  |  |  |  |   |                     |  |  |  |  |                    |
| 115   | 110              | 215            | 55              | Extension for response within first month                                  | —                   |          |          |          |          |          |      |     |      |     |                    |               |      |     |      |     |                   |   |      |     |      |     |                  |   |      |     |      |     |                    |   |      |     |      |    |                        |   |                     |  |  |  |  |                     |  |  |       |                |  |          |              |                  |           |      |   |               |                    |                 |          |      |   |               |                           |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |   |      |    |      |    |                                   |   |      |     |      |     |                          |   |      |    |      |    |   |   |      |    |      |   |   |   |                     |  |  |  |  |                     |   |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |  |   |                           |  |  |  |  |   |                     |  |  |  |  |                    |
| 116   | 400              | 216            | 200             | Extension for response within second month                                 | —                   |          |          |          |          |          |      |     |      |     |                    |               |      |     |      |     |                   |   |      |     |      |     |                  |   |      |     |      |     |                    |   |      |     |      |    |                        |   |                     |  |  |  |  |                     |  |  |       |                |  |          |              |                  |           |      |   |               |                    |                 |          |      |   |               |                           |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |   |      |    |      |    |                                   |   |      |     |      |     |                          |   |      |    |      |    |   |   |      |    |      |   |   |   |                     |  |  |  |  |                     |   |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |  |   |                           |  |  |  |  |   |                     |  |  |  |  |                    |
| 117   | 950              | 217            | 475             | Extension for response within third month                                  | —                   |          |          |          |          |          |      |     |      |     |                    |               |      |     |      |     |                   |   |      |     |      |     |                  |   |      |     |      |     |                    |   |      |     |      |    |                        |   |                     |  |  |  |  |                     |  |  |       |                |  |          |              |                  |           |      |   |               |                    |                 |          |      |   |               |                           |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |   |      |    |      |    |                                   |   |      |     |      |     |                          |   |      |    |      |    |   |   |      |    |      |   |   |   |                     |  |  |  |  |                     |   |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |  |   |                           |  |  |  |  |   |                     |  |  |  |  |                    |
| 118   | 1,570            | 218            | 755             | Extension for response within fourth month                                 | —                   |          |          |          |          |          |      |     |      |     |                    |               |      |     |      |     |                   |   |      |     |      |     |                  |   |      |     |      |     |                    |   |      |     |      |    |                        |   |                     |  |  |  |  |                     |  |  |       |                |  |          |              |                  |           |      |   |               |                    |                 |          |      |   |               |                           |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |   |      |    |      |    |                                   |   |      |     |      |     |                          |   |      |    |      |    |   |   |      |    |      |   |   |   |                     |  |  |  |  |                     |   |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |  |   |                           |  |  |  |  |   |                     |  |  |  |  |                    |
| 119   | 310              | 219            | 155             | Notice of Appeal   | —                   |          |          |          |          |          |      |     |      |     |                    |               |      |     |      |     |                   |   |      |     |      |     |                  |   |      |     |      |     |                    |   |      |     |      |    |                        |   |                     |  |  |  |  |                     |  |  |       |                |  |          |              |                  |           |      |   |               |                    |                 |          |      |   |               |                           |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |   |      |    |      |    |                                   |   |      |     |      |     |                          |   |      |    |      |    |   |   |      |    |      |   |   |   |                     |  |  |  |  |                     |   |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |  |   |                           |  |  |  |  |   |                     |  |  |  |  |                    |
| 120   | 310              | 220            | 155             | Filing a brief in support of an appeal                                     | —                   |          |          |          |          |          |      |     |      |     |                    |               |      |     |      |     |                   |   |      |     |      |     |                  |   |      |     |      |     |                    |   |      |     |      |    |                        |   |                     |  |  |  |  |                     |  |  |       |                |  |          |              |                  |           |      |   |               |                    |                 |          |      |   |               |                           |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |   |      |    |      |    |                                   |   |      |     |      |     |                          |   |      |    |      |    |   |   |      |    |      |   |   |   |                     |  |  |  |  |                     |   |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |  |   |                           |  |  |  |  |   |                     |  |  |  |  |                    |
| 121   | 270              | 221            | 135             | Request for oral hearing   | —                   |          |          |          |          |          |      |     |      |     |                    |               |      |     |      |     |                   |   |      |     |      |     |                  |   |      |     |      |     |                    |   |      |     |      |    |                        |   |                     |  |  |  |  |                     |  |  |       |                |  |          |              |                  |           |      |   |               |                    |                 |          |      |   |               |                           |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |   |      |    |      |    |                                   |   |      |     |      |     |                          |   |      |    |      |    |   |   |      |    |      |   |   |   |                     |  |  |  |  |                     |   |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |  |   |                           |  |  |  |  |   |                     |  |  |  |  |                    |
| 138   | 1,510            | 138            | 1,510           | Petition to institute a public use proceeding                              | —                   |          |          |          |          |          |      |     |      |     |                    |               |      |     |      |     |                   |   |      |     |      |     |                  |   |      |     |      |     |                    |   |      |     |      |    |                        |   |                     |  |  |  |  |                     |  |  |       |                |  |          |              |                  |           |      |   |               |                    |                 |          |      |   |               |                           |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |   |      |    |      |    |                                   |   |      |     |      |     |                          |   |      |    |      |    |   |   |      |    |      |   |   |   |                     |  |  |  |  |                     |   |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |  |   |                           |  |  |  |  |   |                     |  |  |  |  |                    |
| 140   | 110              | 240            | 55              | Petition to revive unavoidably abandoned application                       | —                   |          |          |          |          |          |      |     |      |     |                    |               |      |     |      |     |                   |   |      |     |      |     |                  |   |      |     |      |     |                    |   |      |     |      |    |                        |   |                     |  |  |  |  |                     |  |  |       |                |  |          |              |                  |           |      |   |               |                    |                 |          |      |   |               |                           |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |   |      |    |      |    |                                   |   |      |     |      |     |                          |   |      |    |      |    |   |   |      |    |      |   |   |   |                     |  |  |  |  |                     |   |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |  |   |                           |  |  |  |  |   |                     |  |  |  |  |                    |
| 141   | 1,320            | 241            | 660             | Petition to revive unintentionally abandoned application                   | —                   |          |          |          |          |          |      |     |      |     |                    |               |      |     |      |     |                   |   |      |     |      |     |                  |   |      |     |      |     |                    |   |      |     |      |    |                        |   |                     |  |  |  |  |                     |  |  |       |                |  |          |              |                  |           |      |   |               |                    |                 |          |      |   |               |                           |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |   |      |    |      |    |                                   |   |      |     |      |     |                          |   |      |    |      |    |   |   |      |    |      |   |   |   |                     |  |  |  |  |                     |   |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |  |   |                           |  |  |  |  |   |                     |  |  |  |  |                    |
| 142   | 1,320            | 242            | 660             | Utility issue fee (or reissue)   | —                   |          |          |          |          |          |      |     |      |     |                    |               |      |     |      |     |                   |   |      |     |      |     |                  |   |      |     |      |     |                    |   |      |     |      |    |                        |   |                     |  |  |  |  |                     |  |  |       |                |  |          |              |                  |           |      |   |               |                    |                 |          |      |   |               |                           |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |   |      |    |      |    |                                   |   |      |     |      |     |                          |   |      |    |      |    |   |   |      |    |      |   |   |   |                     |  |  |  |  |                     |   |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |  |   |                           |  |  |  |  |   |                     |  |  |  |  |                    |
| 143   | 450              | 243            | 225             | Design issue fee   | —                   |          |          |          |          |          |      |     |      |     |                    |               |      |     |      |     |                   |   |      |     |      |     |                  |   |      |     |      |     |                    |   |      |     |      |    |                        |   |                     |  |  |  |  |                     |  |  |       |                |  |          |              |                  |           |      |   |               |                    |                 |          |      |   |               |                           |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |   |      |    |      |    |                                   |   |      |     |      |     |                          |   |      |    |      |    |   |   |      |    |      |   |   |   |                     |  |  |  |  |                     |   |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |  |   |                           |  |  |  |  |   |                     |  |  |  |  |                    |
| 144   | 670              | 244            | 335             | Plant issue fee  | —                   |          |          |          |          |          |      |     |      |     |                    |               |      |     |      |     |                   |   |      |     |      |     |                  |   |      |     |      |     |                    |   |      |     |      |    |                        |   |                     |  |  |  |  |                     |  |  |       |                |  |          |              |                  |           |      |   |               |                    |                 |          |      |   |               |                           |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |   |      |    |      |    |                                   |   |      |     |      |     |                          |   |      |    |      |    |   |   |      |    |      |   |   |   |                     |  |  |  |  |                     |   |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |  |   |                           |  |  |  |  |   |                     |  |  |  |  |                    |
| 122   | 130              | 122            | 130             | Petitions to the Commissioner  | —                   |          |          |          |          |          |      |     |      |     |                    |               |      |     |      |     |                   |   |      |     |      |     |                  |   |      |     |      |     |                    |   |      |     |      |    |                        |   |                     |  |  |  |  |                     |  |  |       |                |  |          |              |                  |           |      |   |               |                    |                 |          |      |   |               |                           |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |   |      |    |      |    |                                   |   |      |     |      |     |                          |   |      |    |      |    |   |   |      |    |      |   |   |   |                     |  |  |  |  |                     |   |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |  |   |                           |  |  |  |  |   |                     |  |  |  |  |                    |
| 123   | 50               | 123            | 50              | Petitions related to provisional applications                              | —                   |          |          |          |          |          |      |     |      |     |                    |               |      |     |      |     |                   |   |      |     |      |     |                  |   |      |     |      |     |                    |   |      |     |      |    |                        |   |                     |  |  |  |  |                     |  |  |       |                |  |          |              |                  |           |      |   |               |                    |                 |          |      |   |               |                           |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |   |      |    |      |    |                                   |   |      |     |      |     |                          |   |      |    |      |    |   |   |      |    |      |   |   |   |                     |  |  |  |  |                     |   |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |  |   |                           |  |  |  |  |   |                     |  |  |  |  |                    |
| 126   | 240              | 126            | 240             | Submission of Information Disclosure Stmt                                  | —                   |          |          |          |          |          |      |     |      |     |                    |               |      |     |      |     |                   |   |      |     |      |     |                  |   |      |     |      |     |                    |   |      |     |      |    |                        |   |                     |  |  |  |  |                     |  |  |       |                |  |          |              |                  |           |      |   |               |                    |                 |          |      |   |               |                           |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |   |      |    |      |    |                                   |   |      |     |      |     |                          |   |      |    |      |    |   |   |      |    |      |   |   |   |                     |  |  |  |  |                     |   |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |  |   |                           |  |  |  |  |   |                     |  |  |  |  |                    |
| 581   | 40               | 581            | 40              | Recording each patent assignment per property (times number of properties) | <u>40.00</u>        |          |          |          |          |          |      |     |      |     |                    |               |      |     |      |     |                   |   |      |     |      |     |                  |   |      |     |      |     |                    |   |      |     |      |    |                        |   |                     |  |  |  |  |                     |  |  |       |                |  |          |              |                  |           |      |   |               |                    |                 |          |      |   |               |                           |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |   |      |    |      |    |                                   |   |      |     |      |     |                          |   |      |    |      |    |   |   |      |    |      |   |   |   |                     |  |  |  |  |                     |   |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |  |   |                           |  |  |  |  |   |                     |  |  |  |  |                    |
| 146   | 790              | 246            | 395             | Filing a submission after final rejection (37 CFR 1.129(a))                | —                   |          |          |          |          |          |      |     |      |     |                    |               |      |     |      |     |                   |   |      |     |      |     |                  |   |      |     |      |     |                    |   |      |     |      |    |                        |   |                     |  |  |  |  |                     |  |  |       |                |  |          |              |                  |           |      |   |               |                    |                 |          |      |   |               |                           |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |   |      |    |      |    |                                   |   |      |     |      |     |                          |   |      |    |      |    |   |   |      |    |      |   |   |   |                     |  |  |  |  |                     |   |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |  |   |                           |  |  |  |  |   |                     |  |  |  |  |                    |
| 149   | 790              | 249            | 395             | For each additional invention to be examined (37 CFR 1.129(b))             | —                   |          |          |          |          |          |      |     |      |     |                    |               |      |     |      |     |                   |   |      |     |      |     |                  |   |      |     |      |     |                    |   |      |     |      |    |                        |   |                     |  |  |  |  |                     |  |  |       |                |  |          |              |                  |           |      |   |               |                    |                 |          |      |   |               |                           |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |   |      |    |      |    |                                   |   |      |     |      |     |                          |   |      |    |      |    |   |   |      |    |      |   |   |   |                     |  |  |  |  |                     |   |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |  |   |                           |  |  |  |  |   |                     |  |  |  |  |                    |
| Other fee (specify) _____   |                  |                |                 |  | —                   |          |          |          |          |          |      |     |      |     |                    |               |      |     |      |     |                   |   |      |     |      |     |                  |   |      |     |      |     |                    |   |      |     |      |    |                        |   |                     |  |  |  |  |                     |  |  |       |                |  |          |              |                  |           |      |   |               |                    |                 |          |      |   |               |                           |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |   |      |    |      |    |                                   |   |      |     |      |     |                          |   |      |    |      |    |   |   |      |    |      |   |   |   |                     |  |  |  |  |                     |   |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |  |   |                           |  |  |  |  |   |                     |  |  |  |  |                    |
| Other fee (specify) _____   |                  |                |                 |  | —                   |          |          |          |          |          |      |     |      |     |                    |               |      |     |      |     |                   |   |      |     |      |     |                  |   |      |     |      |     |                    |   |      |     |      |    |                        |   |                     |  |  |  |  |                     |  |  |       |                |  |          |              |                  |           |      |   |               |                    |                 |          |      |   |               |                           |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |   |      |    |      |    |                                   |   |      |     |      |     |                          |   |      |    |      |    |   |   |      |    |      |   |   |   |                     |  |  |  |  |                     |   |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |  |   |                           |  |  |  |  |   |                     |  |  |  |  |                    |
| <b>SUBTOTAL (3)</b>   |                  |                |                 |  | <b>(\$ ) 40.00</b>  |          |          |          |          |          |      |     |      |     |                    |               |      |     |      |     |                   |   |      |     |      |     |                  |   |      |     |      |     |                    |   |      |     |      |    |                        |   |                     |  |  |  |  |                     |  |  |       |                |  |          |              |                  |           |      |   |               |                    |                 |          |      |   |               |                           |   |   |     |   |   |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |   |      |    |      |    |                                   |   |      |     |      |     |                          |   |      |    |      |    |   |   |      |    |      |   |   |   |                     |  |  |  |  |                     |   |                |                 |                |                 |                 |          |     |     |     |    |                                     |   |     |    |     |    |   |   |     |     |     |     |                           |   |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |              |     |     |     |     |   |   |     |     |     |     |  |   |                           |  |  |  |  |   |                           |  |  |  |  |   |                     |  |  |  |  |                    |

|                       |   |                          |                   |                       |                                    |
|-----------------------|---|--------------------------|-------------------|-----------------------|------------------------------------|
| <b>SUBMITTED BY</b>   |   | Complete (if applicable) |                   |                       |                                    |
| Typed or Printed Name | John M. Rariden   | Reg. Number              | 54,388            |                       |                                    |
| Signature             |  | Date                     | November 26, 2003 | Deposit Acct. User ID | 07-0845/132958XX-B/YOD (GEMS:0262) |